

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number <i>161052208</i>	Filing Date		
						Applicant(s)			
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments	
Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1									
2									
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49									
50									
Total Indep	2								
Total Depend	20	2	2	2	2	2	2	2	2
Total Claims	22								